+8	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MAR IMENT OF HEALTH AN CERTIFICATE O	ID MENTAL HYG	IENE 8 2	2 6	505
pe 4		CEASED NAME Howard	Nevitt	Bowie		October :	24.1982 YEAR	² 10;20P
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requires that the death en signed by the ottendi 1. Then please remove cor or to buriol, cremotion, or y injury, or other troumati	TION	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	HRONIC UENCE OF DEATH BUT NOT RELA	TED TO THE TERM	inal disease or coni	DITION GIVEN IN PART	
The low re icion. The hos been ssit permit. The giene prior shows ony in	CERTIFICATION	198 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE			200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
G PHYSICIAN: The ottending physicio precentificate is the buriol-tronsit ond Mental Hygie and Mental Hygie ked or item 18 sho	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		DAY YEAR		ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)
in Offer this os the bith and A	WE	WHILE NOT WHILE AT WORK	AT HOME STREET FACTORY OFFICE	FARM ETC) ST	REET	CITY OR TO		STATE
ittal OR ATTENDIN by the hospital ar of ERAL DIRECTOR. After e detoched for use or Store Dept. of Health ANT: If Nem 21 is mor		220.1 certify that (1) (this hospital's sow the deceased alive an above, (1) (me) (did) (did not) v 22b. SIGNATURE	of tended the deceosed from 2 4 19	7 7	my) (our) opinian c	, to CT		the causes stated
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TO HOSPITAL retorned by the TO FUNERAL should be det with the Store	23a	Dr. N Nagu		Cha NAME OF CEMETERY C		Bldg, Wa		
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OHMH - 16 50M 4/82 (VRA 15, 4)	A	rehart Funera	1 Home La 1	Plata, Mary	yland)C	7 7 10 92	7. 00	

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Huntt Funeral Home, Waldorf, Maryland

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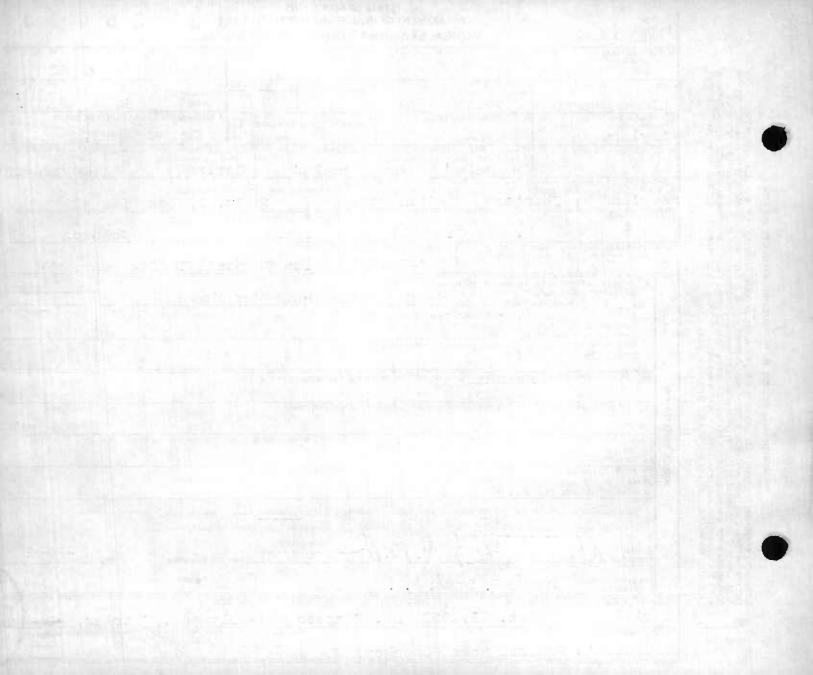
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IP ORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2 CHIEF MEDIORAL EXAMINER ALONG WITH FORM PM. 3 EUSED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2.3 OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL	N		UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	21	4-12-7	7030	Hele	en Ca	mpbe	11 T	ndia	n He	ead.	MD	
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EXAMINER: CERTIFICATION BE FOR DIRECTOR:	¥ ∤	death	resulted fro	om: Notui	ral causes XX	Accident	L, Sui	cide 🔲	, Homici	ide	Undeterr	nined mon	ner .				
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TO MEDICAL EXAMINER: THIS CERTIFICATE SPECUTE THE CERTIFICATE, WOR PAGE 4 SHOULD BE FORWARDED TO THE CONTRACTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT		(TYPE C	OR PRINT)	Del	nnis F. S				ADDRESS				ee i				
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Huntt Funeral Home, Waldorf, Maryland

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(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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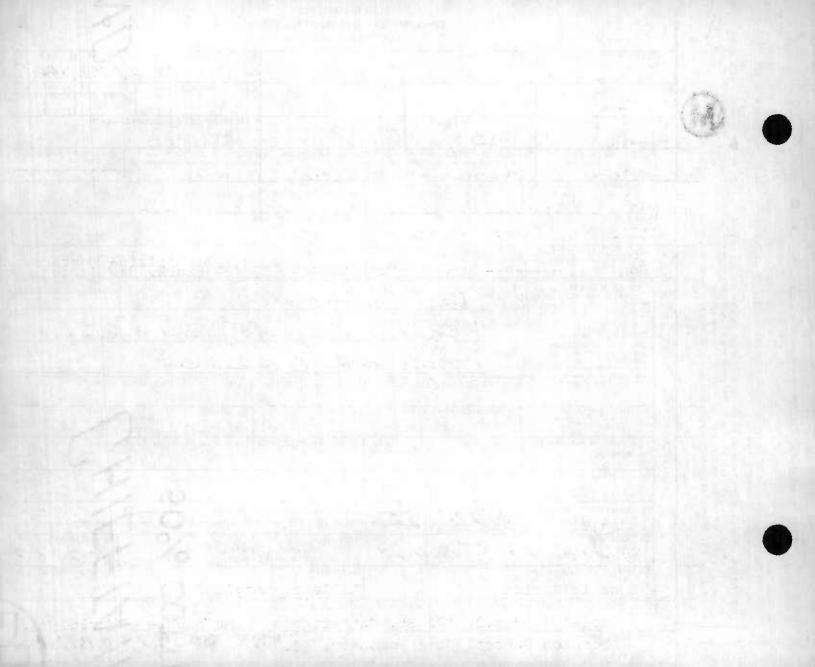
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECUTE THE CERTIFICATE, WRITHING THE WORD" "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 10 FUNDRAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURBLAL IRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURBLAL INANSIT PERMIT. PAGES 1 AND 2 SHOULD BE RECORDS, 2019.	BAL			ON, REMOVAL				ME OF CEA		CREMATO			CATION						
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51		REIGN COUNTRY)	U.S.	٨	WIDOWED	☐ NEVER MARRIE ☐ DIVORCE	Charle	es Coun	ty	
2		Iaryland IY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HO	OME, OR OTHER IN		120. USUAL OCCUPATION	(TYPE OF WORK	12h KIND OF B OR INDUS	USINESS
0	l	.aPlata	Physicia	ans Memori	al Hospi	tal	FOR MOST OF WORKING LIFE None)	None	
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I	16a. V	/AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		INFORMANT		RESS		
L		No		227-I2	-9163	Thomas	Cole S	/A		
		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly one cause per line	far (a), (b), and (c).)		-	1.		APPROXIMA BETWEEN ONS	TE INTERVAL
			DIATE CAUSE (a) A			ardiovasc	ular disease			
1		Tolla		***************						
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	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOM	E. 21f. LOCATI	ION				
Ì	¥	WHILE AT WORK	STREET, FAC	TORY, FARM, ETC.)	STREET		CITY OR TOWN	COL	UNTY	STATE
ı					[, Inspection	M			
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- 1		deoin resulted from:	ofural couses LLX	Accident		TITLE (SPECIFY)	Undetermined manner (
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3			J		-		MEDICAL EXAMINER	SIGNE	0	
_		(TYPE OR PRINT)	annarita A	Karall	M DADD	RESS111Pe	nn Street			1.6
1	23a. B	URIAL, CREMATION, REMOVA			CEMETERY OR CR		23d LOCATION CITY OR TOWN	COUR	NTY	STATE
		Burial	10-14-82	2 St. 1	Marys C		Bryantown	Ch	as. M	Id
	24. F	NERAL DIRECTOR	ADDRESS				EC'D. BY REGISTRAR 25h	REGISTRAR'S S	IGNATURE	1 7
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	STATE OF MAR FOR DEPARTMENT OF HEALTH AP STATE CERTIFICATE O	ND MENTAL HYGIENE & Z Z & D J J
1982	DECLEASED NAME PROT MISSER LAST MARY JO DUKE	REG. NO. The DATE OF DEATH MONTH SAY YEAR THE HOUR Oct. 10,1982 11:40 A
eder po	Female White S.Date OF BIRTH	# AGE (IN YEAR LAST BIRTHDAY) # UNDER TYEAR # (THORE 24 HR). IV YEAR HONDES DAYS HOURS APPL
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(M)	1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	6514
eooth 3	I. DE	CEASED NAME FIRST	ELIA	Farr	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 4 may ectar, po rs ofter d	3 SE	Female	4 RACE White	5. DATE OF BIRTH MONTH April 23, 1898	6 AGE (IN YEARS LAST BIRTHDAY) 84 YRS.	IF UNDER LYEAR FUNDER 24 HRS
neral direction 72 hours	Ja B	STATE OF FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUNTY	
by the fur iled with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N Charles Cou	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) NURSEING HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSE WIFE	12b. KIND OF BUSINESS OR HOUSTRY HOME
filled in oould be t	130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE NTY L3C CITY OR NEWDU	BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS? YES NO X	Banks O'Dee	138 Road
impletely ond 2 sh	14. F.	J. Alex	Johnson LAS	15. MOTHER'S MAIDEN N MOLITIE	^{MIDDL} Johnso	n EAST
n and ca Poges 1	160	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV			Rt. 1, Boxes 1388 erine Farr-Dau	
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ter this c s the bur h and Me rked or II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	21f. LOCATION	CITY OR TOWN	COUNTY STATE
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y the hos		22b. SIGNATURE	y & Buche A		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 10-8-82
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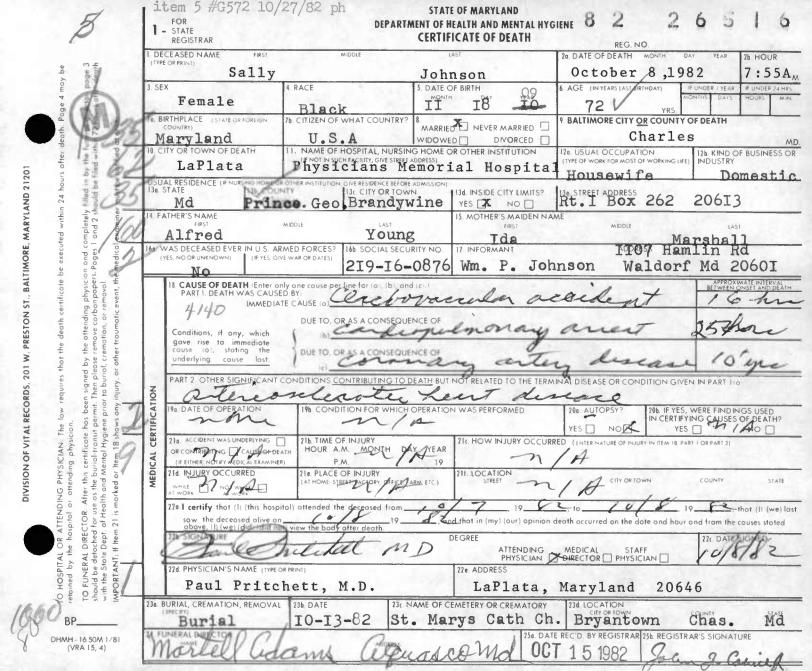
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BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

(VRA 15, 4)

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3		1-	ems #18a-22a Film G575 FOR STATE	DEPARTMENT OF HI	E OF MARYLAND EALTH AND MENTAL HYG	0 6 0	5 1 9
20	WY	1. DE	CEASED NAME FIRST	MEDICAL EXAMINE	R'S CERTIFICATE OF D	20 DATE KNOWN MONTH	DAY YEAR 26. HOUR
	3098	3. SEX	John [4, RACE 5, DATE OF BI	RTH 6 AGE (IN YEARS		DEATH MATED 10	31 19 82 A
	NECESSARY PROPERTY OF THE PROP	D	ALE BLACK JULY RIMPLACE ISTATEOR 75. CITIZEN O	25, 907 75 YRS		DEAD 10	31 19 8210: 11 TY OF DEATH am
•		V	ARY LAND 45	SA	MARRIED NEVER MARRIED WIDOWED MORCED	Charles Coun	ity MD
	PAG PAG	10. C	(IF NOT IN SU	HOSPITAL, NURSING HOME, OF FACILITY, GIVE STREET ADDRESS)		USUAL OCCUPATION (TYPE OF WORK) FOR MOST OF WORKING LIFE)	PRIVATE
21201	FANY DEL		IL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION TATE 136 OUNTY ADV (4A11)	DN, GIVE RESIDENCE BEFORE ADMISSION 13c, CITY OR TOWN NEWBUR G	1)	STREET ADDRESS BOX	44
. WD.	+ CONTACT	14. E	THER'S NAME FIRST MIDDLE	M LAST	15. MOTHER'S MAIDEN N	100	LAST
BALTIMORE, MD.	JRS AFTER DEATH 3. GIVE PAGES 1 WITH FORM PW T. PAGES 1 AND DIVISION OF WITH		AS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY 1 2/2-62-/8	NO. 17 INFORMANT	EREDITH WASHI	arctori D.C.
	HOURS AND 18. GINTE AG WITH PART. PART. PART. PART. L. DIVI		18 CAUSE OF DEATH (Enter only one cause pe PART I DEATH WAS CAUSED BY:	r line for (a), (b), and (c).)	otic heart disea		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON	HIN 24 I R ALON USIT PER HYGIE		Conditions, if ony, which	, OR AS A CONSEQUENCE OF			
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AL REC	SHOULD BE EXECUTED WITHIN 24 HOUS ORD "PENDING". IN PENCIL IN ITEM 18. CHIEF MEDICAL EXAMINER ALONG W E USED AS A BURIAL - TRANSIT PERMIT. T OF HEALTH AND MENTAL HYGIENE, D URIAL, CREMATION, OR REMOVAL.	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERAT	TION WAS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	CERTIFICATE SHAITING THE WORN DED TO THE CH 3 SHOULD BE U DEPARTMENT C			AE OF INJURY A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAI	YES X NO [
DIVISIO	S R R R R R S	MEDICAL	21d. INJURY OCCURRED 21e PLA	P.M. 19 ACE OF INJURY (ATHOME, I, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN COL	UNTY STATE
	MEDICAL EXAMINER: THIS I CUTE THE CERTIFICATE, WRR DES & SHOULD BE FORWARD FUNERAL DIRECTOR: PAGE FER DEATH, WITH THE STATE JIMORE, MARYLAND, 2120		22a I certify that I taak charge of the remain		Autopsy XX Inspection	, Inquiry , and in my ap	hinion
•	EXAMINER: CERTIFICATE FUID BE FOR J, WITH THE S		ACTUAL	, Accident L.I., Suici	TITLE (SPECIFY)	Indetermined manner,	11/1/02
	TO MEDICAL ES EXECUTE THE CI PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BAJTIMORE, M	1	SKGNATURE EXAMINER'S NAME			MEDICAL EXAMINER SIGNE	
	TO FU BALIN	23a.B	(TYPE OR PRINT) HOYME JRIAL, CREMATION, REMOVAL 236 DATE PECIESM	23c. NAME OF CEME		enn Street, Baltim	ore, MUZIZUI
	BP 5//	24. F	INERAL DIRECTOR	1982 SHILOH	Un. METH.	NEW BURG CHE BEY RESIDENCE OF THE CONTRACTOR	IGNATURE
	(VR A15 ME (5))	17	HORNTON FUNERAL HOME	F TOMONKE	V, MD, 1404	-	

20M 4/82

Assessment to the second MAKELINA TURKUR - TANKER COMMENT OF THE STATE OF THE STAT

+1	1.	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG ICATE OF DEATH	IENE & &	20020
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(10)		Male	white	MONTH	- 21 - 34	48	MONTHS DAYS HOURS MIN.
47	F .	RTHPLACE (STATE OR FOREIGN) COUNTRY) Jash. D.C.	U.S.A.	MARRIE WIDOWE	DI DIVORCED	C HARLES	OUNTY OF DEATH
the the filed and filed an	Ĺ	a Plata	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Physicians	URSING HOME C STREET ADDRESS) Mem.	ROTHER INSTITUTION Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
136	13a	Maryland Char	TY 13 CITY OF LA F	TOWN lata	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS P.O. Box	44 20646
and 2 s	3	Hugh	Mitche	211	IS MOTHER'S MAIDEN NAM	is B.	Blacklock
Poges	160 \	VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) YES KOTE	WAR OR OATES)	8-8106	Alice Jean	ADDRESS Mitchell 8	same as 13
navol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY.	1	wary arres	_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ows ony ii	CERTIFICATION	190 DATE OF OPERATION NA	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20 IN	IB. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
iol-tronsit ntal Hygin em 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
ked or H	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use a of Health 21 is mor		220.1 certify that (1) (the baselesson the deceased alive on	9 Oct	1.3	d that in (my) (aux) opinion o	to 11 OCT	ond hour and I om the causes stated
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should be detected with the State DIMPORTANT: If		22d PHYSICIAN'S NAME (TYPE OR Charles Phil	p Corter		22e ADDRESS		lose, Lo Plata, mozo
₩ 3 ₹ -1	23o I	BURIAL, CREMATION, REMOVAL	23b DATE 10-14-82		EMETERY OR CREMATORY St Cemetery	23d. LOCATION	, Charles, Mo.
50M 1/B1 15, 4)	24 FI	UNERAL DIRECTOR Huntt Funeral			25a DATI	1 4 1982	

STATE OF MARYLAND

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STATE OF MARYLAND

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#5 E S E S E	3. SE.	4. RAC		DATE OF BIRTH		AGE (IN YEARS			24 HRS. 2c.	DATE	THOM		YEAR	2d. HOUR
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IF ANY DELAY IS NECESSARY, PLEASE, AND 310 THE FUNER LDIRECTOR. I. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS I. RECORDS, 201 W PRESTON STREET,	JUSU.	AL RESIDENCE (# IN NU		OTHER INSTITUTION O	IVE RESIDENCE BE	FORE ADMISSION)	1000						Zip	
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STATE OF MARYLAND

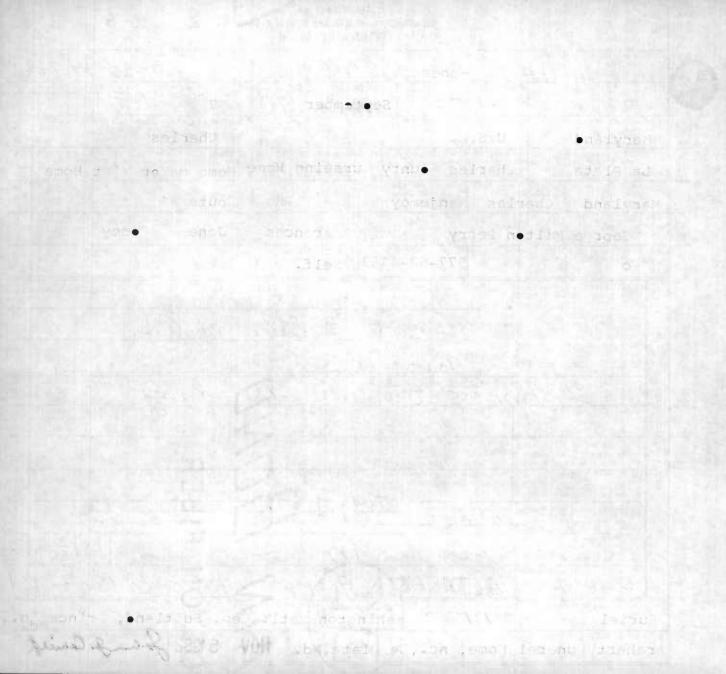
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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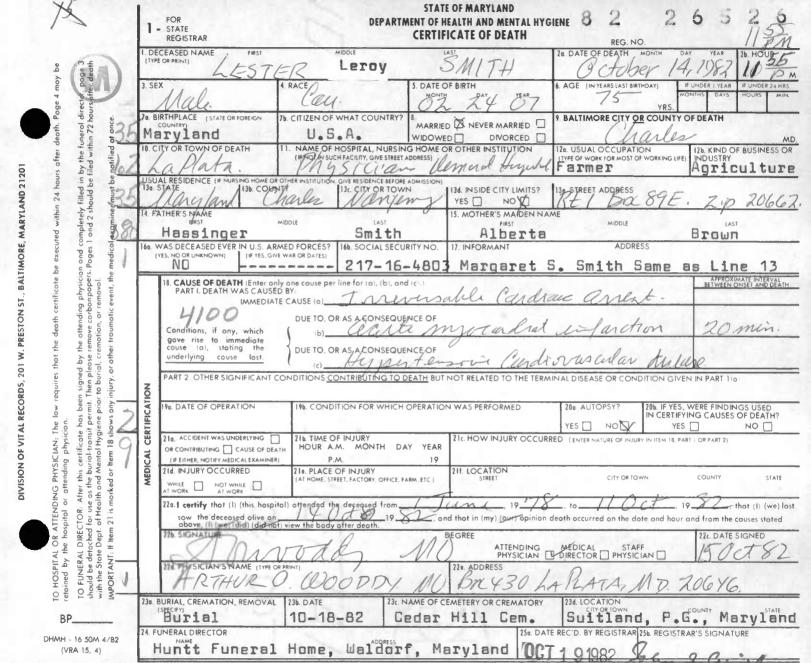


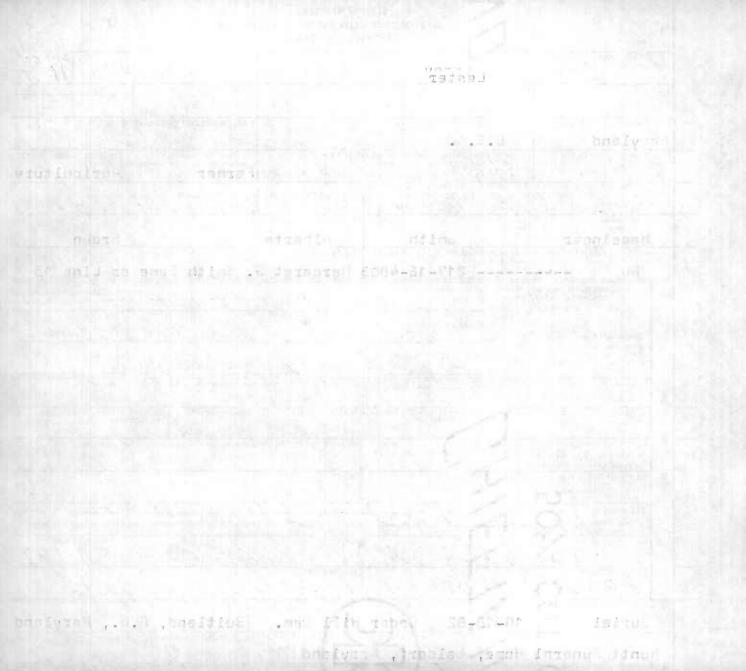
6	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	6 5 2 4
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e 4 m	3. 35	Male	White	June	10,1905	77 YRS.	MONTHS DAYS HOURS MIN.
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died .	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		ROTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY
2000	La	Plata	Physicians	Memori	al Hospital		or D.C.Gov't.
13	13a. S	TATE 136 COL	or other institution give residence in the state of the s	TOWN	134. INSIDE CITY LIMITS?	134. STREET ADDRESS Zip:	20662 Baptist Ch.R
iner		THER'S NAME			15. MOTHER'S MAIDEN NA	ME	
180		Tessie Leon	ard Simpkins		Clara	WIDDLE	Jones
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ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED		ES, WERE FINDINGS USED
18 shows ony	E						IFYING CAUSES OF DEATH?
18 sho	1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
#ea 9		OR CONTRIBUTING CAUSE OF D		DAY YEAR			
5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TOWN	COUNTY . STATE
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21 із тог		sow the deceased plive of	not) view the body after death.	19 52, on	d that in (my) (our) opinion	death occurred on the date and ha	
He a		22b. SIGNATURE	north wear the body offer death.	1	DEGREE		22c. DATE SIGNED
		Anauthorke	240		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/08/82
IMPORTANT: IF	1	224. PHYSICIAN'S NAME (TYPE	E OR PRINT)		22¢. ADDRESS		1110
MPORTANT: IF		Anantha K	Rao		9131 Pisca	taway Rd. Cli	nton Md
₹	230	SURIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
		SPECHY) Burial	10-11-82		oy Baptist	Cem. Nanjemo	v Charles Md.
		INERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR SH REGIS	TRAR'S SIGNATURE
4/B2			al Home, Inc.	La Pl	ata Md OC	T 1 3 1982 John	at lawely
	MI	CHALC LAHEL	as monic , sile	9 200 2 2	a ca gride	- 4	

Male Jane Jane M. Lies X Viction 10.5. of A. Carles County te mate to Prysicions Memorial Mospital Craim Operator C.Cov't. Maryland Charles Mandarot NX P.D. Box 12C Appliet C. Go Jessic Seonerd Singkins Clara 57 -22-7369 Milderd Simplems same as 113 Fincetmer Rd., Chinton, this. Sucial 10-11-32 Hangewey Dept "t Cem. and may Charles Mi. Archart Funoral Home, Inc., La Pleta, Rd.

100	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 CERTIFICATE OF DEATH	6 5 2 5
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y filled in should be er fines be	130.	W. J. 136. 88	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) VIY 136. CITY ORADWY 136. INSIDE CITY LIMITS? 138. STREET ADDRESS 138. STREET A	9502
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en signed by the ottending. I. Then pleose remove corbor or to buriol, cremotion, ar re y injury, ar other troumatic er	NOIL	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) Character Cardia Nasenlar disease DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	
nsit permit. T rgiene prior shows any ir	CERTIFICATION	196 DATE OF OPERATION	YES NO VE YES	
After this certificate I e as the buriol-tronsit olth and Mentol Hygie morked or them 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OFFICIAL ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH DAY YEAR	OR PART 2) COUNTY STATE
DIRECTOR: Afroched for use a Dept of Health f Hem 21 is more		220.1 certify that (I) (this hasp saw the deceased alive as	ital) attended the deceased from 20 Sept. 19 2 , to 70 ct. 19 2 , ond that in (my) (and) opinion death accurred on the date and hour an DEGREE	that (I) (we) lost d from the couses stated
FUNERAL DI uld be detocl the State Do ORTANT: If It		TO ARTHUR O	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR	10-08-82 MD, 20646.
o e s s s s s s s s s s s s s s s s s s	23a	SURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION BATTS TOWN, Cal	Vert Co. Md
- 16 50M 4/82 (RA 15, 4)		uneral director Arëhart Fune	ral Home, TheLa Plata, MdDCT 13 1982	S SIGNATURE.

STATE OF LAND Sarston, Calvart Ci., M. ISINOR c/c/10 Cantrel Caretery armiant Muneral Rome, Inc.-La Plota, IM.





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-**Phyllis** Jean Taylor 10.82 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE PRONOUNCED 10.195 Female Cau. 6 10 1082 8:04P 9. BALTIMORE CITY OR COUNTY OF DEATH Te BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY)
Maryland MARRIED NEVER MARRIED Charles County U.S.A. 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Physician's Memorial Hospital La Plata Own Home 13e STREET ADDRESS 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Charles White Plains Box 378 20695 YES [NO K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM 3. SES 1 AND 2 SION OF VITAL MIDDLE Daniels Wright Peggy IAL SOCIAL SECURITY NO 7. INFORMANT Mountain Falls 56D Aubrey M. Taylor 217-68-7553 Winchester, Va. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH Gunshot wound of chest Weapon: Handgun IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (R) MEDICAL CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR 5:45Pm subject shot CONTRIBUTING CAUSE OF DEATH 21 LOCATION TIE PLACE OF INJURY (AT HOME. Charles County STREET, FACTORY, FARM, ETC.1 Hanson Road, BillingsleyPk, WhitePlains,MD AT WORK home AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 Autapsy X Inspection 220 I certify that I taak charge of the remains described above, held an Inquiry and in my apinian Hamicide XX Undetermined manner Accident ___ TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 10/12/82 SIGNATURE ADDRESS 11 Penn STreet, Baltimore, MD 21201 EXAMINER'S NAME Hormez R. Guard, M.D. (TYPE OR PRINT) 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 BURIAL CREMATION REMOVAL 236 DATE Burial 10-14-82 Parklawn Cemetery Rockville, Montgomery, Md. BP 250. DATE REC'D. BY REGISTRAR 1250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Huntt Funeral Home, Waldorf, Md. (VR A15 ME (5)) 20M 4/82

Female Don. .may 11, Suga 26 amarkamen and the same frame Bears or and L - moters which a maired breisen John 2 T la wone sisted sent use wills internoon 217-61-7552 AUTERV II. TOVERT DARGERINET, U.S. Last viewing and account of the continue of th numer Funera Money Belowit will

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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	00	(TYPE OR PRINT)	Thor	mas D. S	mith, M.D.		ADDRESS	I Penn St.	Balto	را۱۱ و .	•	
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4;55A EATH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE
HOMEMEKET Dwn Home La PLata Physicians Memorial 20616 13e STREET ADDRESS Bryans Road YES Street Dakota 4 FATHER'S NAME Kearney Byrg a Marcum ADDRESS and Joseph G. Tuono same as 13 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY O couse to stoting 0 underlying couse TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 xaminer 19 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 71d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 18 CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 U 27a 1 certify that ((this hospital) attended the deceased from sow the deceased alive an above (Mec (did) (did not) view the body after death apinion death occurred on the date and hour and from the causes stated T DEGREE 226 DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 1xo Physicians Memorial Hospital Terry A. Boulware, M.D. 230 BURIAL, CREMATION, REMOVAL Miami, Burial Miami Mem.Park Cem. Dade,

DHMH - 16 50M 1/81 (VRA 15, 4)

Funeral Home, Waldorf, Maryland

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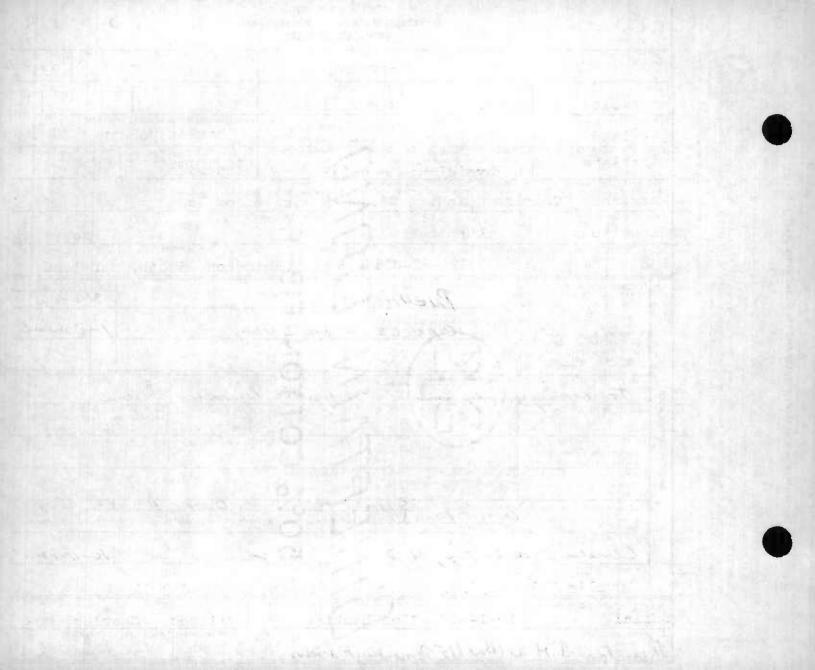
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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